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Profit NonProfit Limited Liability Domestication Other	AMENUMENTS  Amendment  Resignation of R.A., Office  Change of Registered Age  Dissolution/Withdrawal  Merger		
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION  Foreign  Limited Partnership  Reinstatement  Trademark	#####78.75  WO 2 2 79  D. WHITE SEP 2 7	15642 -01043023 5 *****78.75
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### FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

September 26, 2002

LAZARUS CORPORATE FILING SERVICE

SUBJECT: BROWARD CARE MEDICAL CENTER, INC.

Ref. Number: W02000027994

We have received your document for BROWARD CARE MEDICAL CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 402A00054670

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DIVISION OF CONTORATION

Page 1

#### ARTICLES OF INCORPORATION

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#### BROWARD CARE MEDICAL CENTER, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be: BROWARD CARE MEDICAL CENTER, INC.

ARTICLE II: PURPOSE

The corporation shall engage in any activity or business permitted under the Laws of the State of Florida and of the United States of America.

ARTICLE III: PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

ARTICLE IV:

4625 HOLLYWOOD BLVD

HOLLYWOOD

FL State 33021 Zip Code

Street address

City

CAPITAL STOCK

ARTICLE V:

DURATION

The existence of the corporation is perpetual.

ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS.
The name of the initial registered agent is:OSVALDO RICARDO
and street address is: 4625 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021

ARTICLE VII: INITIAL OFFICERS(S) /DIRECTOR(S).

The name and street address(es) of the member(s) of the first Board of Directors and slate of corporate officer(s) are as follows:

Name	Title	<u>Address</u>
OSVALDO RICARDO		OULTRIE PL., M LAKES, FL 33014
EDUARDO REYES JR	VICEPRESIDENT 12990 S	SW 63 TER #603, MIAMI, FL 33183
OSVALDO RICARDO		OULTRIE PL., M LAKES, FL 33014
OSVALDO RICARDO		OULTRIE PL., M LAKES, FL 33014

#### ARTICLE VIII: SECTION 1244

The stock of the corporation may be issued pursuant to the provisions under Section 1244 of the Internal Revenue Code in order for the stockholders of the corporation may receive the benefits thereunder.

ARTICLE IX: INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to theses Articles of Incorporation is (are):

OSVALDO RICARDO 6350 MOULTRIE PL. M. LAKES, FL 33014

The undersigned incorporator(s) has(have) executed theses Articles of Incorporation this:

247th day of SEPTEMBER , 2002

OSVALDO RICARDO-INCORPORATOR

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

. The name of the corporation is:	BROWARD	CARE	MEDICAL	CENTER,	INC.
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2. Tł	he name and	address (	of the	registered	agent and	office	is:
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	(Nam	e)	
4625	носсущо	0 D. B.	LVD.
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нол	CLYWOOD,	FL.	33021
	·····		

Having been named registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) (Date

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